

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8124

State File No. ....

Registrar's No. ....

FILED APR 3 1943

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... **Saint Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**4267 West Belle Place /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community **23 years**..... (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME **Cloma Bridges**

3. (b) If veteran, name war..... 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Fredrich W.** 6. (c) Age of husband or wife if alive **59** years  
7. Birth date of deceased **April 22, 1894**  
(Month) (Day) (Year)

8. AGE: Years **48** Months **10** Days **28** If less than one day  
-- hr. -- min.

9. Birthplace **Sequin** **Texas**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

12. Name **Robert Burley**  
13. Birthplace **Wymor** **Texas**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Ella Smith**  
15. Birthplace **Sequin** **Texas**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Fredrich W. Bridges**  
(b) Address **4267 West Belle Place**  
17. (a) **Burial** (b) Date thereof **3/24/1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **Charles J. Gates**  
(b) Address **4107 Finney Avenue**  
19. (a) **Mar 24 1943** (b) **J. F. Bridges**  
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....  
(c) City or town **Saint Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4267 West Belle Place**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **20**,  
year **1943** hour **3** minute **A.** M.

21. I hereby certify that I attended the deceased from **March 15** 1943 to **March 20**, 1943  
that I last saw h. or alive on **March 20**, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death **Thrombo-  
phlebitis** Duration

Due to **Pneumonia, Lobar**

Due to **108**

Other conditions **Cardiac Disease**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur?..... (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work..... (Specify type of place) (e) Means of injury.....  
23. Signature **J. F. Bridges** (M.D. or other) **3/22/1943**  
Address **4270a W. Finney Ave.** Date signed

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

**William C. McDowell**

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*William C. McDowell*

Licensed Embalmer No. **2114**

P. O. Address **1711 North Taylor Aven**

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**